

<b>Case Number:</b>	CM14-0067859		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/03/1997
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a woman with a date of injury of 4/3/97. She was seen by her physician on 3/18/14 and reported increased neck and upper/lower back and left knee and left shoulder pain. She also complained of headaches. She reported that Valium helps with spasms and she used TENS, lumbar traction and a hydrotherapy tub to help with pain and function. She was ambulatory without an assistive device. Her medications included Fiorinal with Codeine, Lortab, Buspar, Seroquel, Voltaren Gel, Relpax, Relafen, Valium, Pristiq, Soma, Topamax and Wellbutrin. Her exam showed that she was in no acute distress but had tenderness and tightness to palpation of bilateral upper trapezius and lumbar paraspinal muscles. Her diagnoses were chronic low back and neck pain with cervicogenic headaches. At issue in this review is the prescription for Ativan. It appears that this is a new prescription.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Ativan 2mg #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24.

**Decision rationale:** Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this injured worker, Valium is already prescribed for long-term use and the records do not document medical necessity of an additional benzodiazepine such as Ativan. Therefore, this request is not medically necessary.